
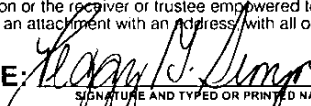


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90095 042 ***150.00

DOCUMENT # 816757 1. Entity Name THE CHESAPEAKE LIFE INSURANCE COMPANY					
Principal Place of Business 1331 W. MEMORIAL RD. STE 112 OKLAHOMA CITY, OK 73114 US			Mailing Address 9151 GRAPEVINE HWY NORTH RICHLAND HILLS, TX 76180 US		
2. Principal Place of Business - No P.O. Box # 3600 NW 138th Street Suite, Apt. #, etc.		3. Mailing Address 9151 Boulevard 26 Suite, Apt. #, etc.			
City & State Oklahoma City, OK		City & State N Richland Hills, TX		4. FEI Number 52-0676509	
Zip 73134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SARTORE, JOHN E 9151 BLVD 26 OKLAHOMA CITY, OK 73114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, PEGGY G 9151 BLVD 26 NORTH RICHLAND HILLS, TX 76180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALACIOS, MARIA C 9151 BLVD 26 NORTH RICHLAND HILLS, TX 76180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAUPTMAN, MARK D 9151 BLVD 26 NORTH RICHLAND HILLS, TX 76180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYHRA, PHILLIP J 9151 BLVD 26 NORTH RICHLAND HILLS, TX 76180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GELWED, WILLIAM J 9151 BLVD 26 NORTH RICHLAND HILLS, TX 76180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELDS, DAVID W 9151 BLVD 26 N RICHLAND HILLS TX 76180	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Peggy G. Simpson, Secretary 04/25/08 817-255-5488		